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OM	IB# 2050-0024;	Expires 12/31/2014						
FO The	MPLETED RM TO: e Appropriate te or Regional	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM						
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)						
E	MARK ALL BOX(ES) THAT APPLY	 □ To provide a Subsequent Notification (to update site identification information for this location) □ As a component of a First RCRA Hazardous Waste Part A Permit Application □ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) 						
		☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)						
4		Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)						
2.	Site EPA ID Number	EPA ID Number 1 AR 0005/8837 RCRA						
3.	Site Name	Name: Elite Metal Finishing						
4.	Site Location	Street Address: 2501 Murray St Suite C						
	Information	City, Town, or Village: Stoux City County: Woodburg						
	-	State: Towa Country: USA Zip Code: 5/11/1						
5.	Site Land Type	Private County District Federal Tribal Municipal State Other						
6.		A. 332813 C.						
,		B D						
7.	Site Mailing	Street or P.O. Box: 2501 Murrary St. Swite C						
	Address	City, Town, or Village: Stowe City						
		State: Towa Country: USA Zip Code: 51111						
8.	Site Contact	First Name: Cindy MI: Last: Zernen						
	Person	Title: Director I of Human Ocesources						
		Street or P.O. Box: 2501 Murray St Suite C						
		City, Town or Village: Stowy City						
		State: Ioua Country: USA Zip Code: 51111						
		Email: Czeman@10H1.COM Phone: 712 224 5599 Ext.:233 Fax: 712 224 5604						
9.	Legal Owner and Operator of the Site	A Name of Site's Legal Owner: Todd legger Toos I Making Date Became og log lagger						
0.		Owner Type: Private County District Federal Tribal Municipal State Other						
		Street or P.O. Box: 2501 Muray St. Suite C						
		City, Town, or Village: Stouy City Phone: 712 224 5599						
		State: Iowa Country: USA Zip Code: 51111						
		B. Name of Site's Operator: Date Became Operator:						
		Operator Type: Private County District Federal Tribal Municipal State Other						
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EPA ID Number		OMB#: 2050-0024; Expires <u>12/31/2014</u>		
10. Type of Regulated Waste Mark "Yes" or "No" for all		ne form); complete any additional boxes as instructed.		
A. Hazardous Waste Activitie	es; Complete all parts 1-10.			
	Hazardous Waste k only one of the following – a, b, or c.	Y N 5. Transporter of Hazardous Waste If "Yes", mark all that apply.		
□ a. LQG:	Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.	a. Transporter b. Transfer Facility (at your site) 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. 7. Recycler of Hazardous Waste		
	100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.			
c. CESQG:	Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.	Y N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption		
event and not fr	nerator (generate from a short-term or one-time om on-going processes). If "Yes", provide an ne Comments section.	b. Smelting, Melting, and Refining Furnace Exemption		
Y N 3. United States	Importer of Hazardous Waste	Y N 9. Underground Injection Control		
Y N 4. Mixed Waste (hazardous and radioactive) Generator	Y N 10. Receives Hazardous Waste from Offsite		
B. Universal Waste Activities	; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.		
accumula regulation	antity Handler of Universal Waste (you te 5,000 kg or more) [refer to your State is to determine what is regulated]. Indicate niversal waste managed at your site. If "Yes", nat apply.	Y N 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)		
a. Batterie	s	Y N 2. Used Oil Processor and/or Re-refiner		
b. Pesticid	es	If "Yes", mark all that apply.		
c. Mercury	containing equipment	a. Processor		
d. Lamps	Ш	b. Re-refiner		
	specify)	Y N 3. Off-Specification Used Oil Burner		
	specify)	Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply.		
	on Facility for Universal Waste azardous waste permit may be required for this	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications		

EPA ID NUMB	er			OIVIDA	4. 2050-0024, Exp	12/3 1/2014		
	ademic Entities with suant to 40 CFR Part		ication for opting in	to or withdrawing f	rom managing labo	ratory hazardous		
You	can ONLY Opt into Sul	bpart K if:						
ag	u are at least one of the least one of t	e or university; or a no	e or university; a teac on-profit research inst	hing hospital that is o itute that is owned by	owned by or has a for y or has a formal affili	rmal affiliation iation agreement with		
 yo 	u have checked with y	our State to determin	e if 40 CFR Part 262	Subpart K is effective	e in your state			
Y N 1.	Opting into or currentl See the item-by-item	y operating under 40 ninstructions for def	CFR Part 262 Subpa	rt K for the managen eligible academic e	nent of hazardous wa	astes in laboratories at apply:		
	See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply: a. College or University							
	b. Teaching Hospital	I that is owned by or h	nas a formal written a	ffiliation agreement w	vith a college or unive	ersity		
	b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university C. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university							
Y N 2.	Withdrawing from 40	CFR Part 262 Subpar	t K for the managem	ent of hazardous was	stes in laboratories			
11. Description	n of Hazardous Waste	9						
A. Waste Cod	es for Federally Regulist them in the order the	ulated Hazardous Wa						
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	es for State-Regulate wastes handled at you needed.							

EPA ID Number	OM	B#: 2050-0024; Expires 12/31/2014				
12. Notification of Hazardous Secondary Material (HSM) Activity						
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)? If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary						
Material.						
13. Comments						
		,				
	,					
4. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).						
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)				
Cendy Deman	Cindy Zeman Director of Huyan Resources	01/23/14				
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DAIMED date colored	ng .					
EPA Form 8700-12, 8700-13 A/B, 8700-23 (Re		Page 4 of				
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Qc'd JAN 3 0 2014 SG

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by_	S	11	1	4		
on	J	AN	2/7	2014		